CDC Guidance to Healthcare Providers for Serology and Re-Vaccination

Table 1. Catch-up: Number of doses of routinely recommended vaccines based on child's age *

Age of child

Vaccine	<1 yr No. doses	1 to <7 yrs No. doses	7-10 yrs No. doses	11-17 yrs No. doses
RV	---	---	---	---
DTaP/Td/Tdap	3 DTaP	4 DTaP (4th dose at 4 y or older)	3 Td (if 10 y old give 2 Td & 1 Tdap)	2 Td & 1 Tdap
HepB **	3	3	3	3
Hib	2-3 ***	2 if 12-15 m; 1 if ≥15 m	---	---
PCV13	2 ****	2 if 12-24 m; 1 if ≥24-59 m	---	---
IPV	2	4 (4th dose 4-6 yrs)	3	3
MMR	---	2 (2nd dose 4-6 yrs)	2	2
VAR	---	2 (2nd dose 4-6 yrs)	2	2
HepA	---	2	---	---
MCV	---	---	---	1
HPV	---	---	---	3

* Note: Assumes child at least 8 months old because doctor stopped practicing Dec 2009. Number of doses also depends on minimal interval required between doses, see http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf

** Note: Give as indicated unless can verify birth dose HepB given at hospital

*** Note: 2-3 doses depending on brand of Hib product

****Note: 2 doses needed if child starts at age 7 m or older; 3 doses needed during first year if child starts before age 7 months.

Table 2. Vaccines and consideration for serology *

Vaccine	Serology	Considerations
RV	N/A	
DTaP/Td/Tdap	Not practical	
HepB	Anti-HBs	Commercially available; titers decline with increasing years since primary series; a child with negative titer might still be protected. Protection would be established by response to single additional dose **
Hib	Not practical	
PCV13	Not practical	
IPV	Not practical	
MMR	Measles IgG	Commercially available
VAR	VZV IgG	Commercially available; Sensitivity to detect vaccine induced immunity not optimal (~70% if antibodies present) but positive result meaningful
HepA	Anti-HAV total	Commercially available
MCV	Not practical	
HPV	Not practical	

* Note: For all serological tests, borderline results should be interpreted as negative and treated as such.

** Note: One option would be to draw titer & give 1 dose HepB at same visit. If titer of anti-HBs is ≥10 mIU/ml, child is protected and would not need further doses. If titer is <10mIU/mL anti-HBs, child could either have repeat serology (anti-HBs) to determine if he/she responded to the first "repeat" dose, or alternatively, complete a 3 dose series of hepatitis B vaccine without additional serologic testing.